Clinical Decision Making

By: **Gary H. McCullough** and Balaji Rangarathnam

Abstract

The preconference, or postgraduate course, sessions of the 2018 meeting of the Dysphagia Research Society in Baltimore, MD, brought together experts from a variety of disciplines, including psychology, otolaryngology, gastroenterology, nutrition, speech pathology, and others, to address and discuss the science and clinical application of reasoning and decision making with respect to the care of patients with dysphagia. Presentations started by breaking down the cognitive processes we, as clinicians, employ in making decisions on a daily basis and then proceeded to case study presentations and panel discussions regarding the impact of scientific advancements and big data on shaping our current and future clinical care. This issue of Seminars in Speech and Language was inspired by those sessions and introduces the reader to approaches to clinical decision making with respect to assessment and management of dysphagia in various clinical settings with various types of patients. As Doeltgen, Murray, and Attrill describe in our first article, "Clinical reasoning … is a cognitively complex process, as it requires synthesis of multiple sources of information that are generated during a thorough, evidence-based assessment process and which are moderated by the patient's individual situation, including their social and demographic circumstances, comorbidities or other health concerns."

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This issue of *Seminars in Speech and Language* was inspired by those sessions and introduces the reader to approaches to clinical decision making with respect to assessment and management of dysphagia in various clinical settings with various types of patients. As Doeltgen, Murray, and Attrill describe in our first article, "Clinical reasoning … is a cognitively complex process, as it requires synthesis of multiple sources of information that are generated during a thorough, evidence-based assessment process and which are moderated by the patient's individual situation, including their social and demographic circumstances, comorbidities or other health concerns." As clinical care in dysphagia is ever evolving, so are the tools we employ to gather the information we need to make decisions and guide patients and families in their own decision making. The tools and processes vary as a result of both the underlying diagnosis and condition of the patient and the setting in which they are assessed and treated. These articles were composed and collected to address this topic from multiple perspectives in multiple settings.

First, Doeltgen and colleagues provide an excellent framework for understanding the process of clinical decision making and how implicit and explicit cognitive processing play a role in understanding clinical information. In addition, they make a strong case for how understanding this process allows us to improve how we train preprofessional novice clinicians. Leslie and Askrin then teach us how a sound understanding of consent and capacity can and should impact our clinical decision-making ethics and prevent us from falling prey to the practice of defensive medicine. Brodsky, Mayfield, and Diez Gross apply these principles to the ICU setting, where decisions are made quickly and with potentially very serious consequences. This can be an intimidating environment, and the role of the dysphagia clinician on a medical team is critical. This article provides insights about dysphagia care in the ICU with case study examples.

In the next set of articles, Felix, Joseph, and Daniels; Wheeler-Hegeland and Ciucci; Starmer and Edwards; and Namasivayam-McDonald and Riquelme discuss the process of clinical decision making in patients with stroke, acquired and progressive neurological disorders, head and neck cancer, and presbyphagia,

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respectively. These articles provide an excellent overview about how evidence-based assessment and treatment approaches can be applied to specific patient populations and provide case studies and clinical insights.

We believe these articles provide a wonderful overview of clinical decision making in dysphagia management and will be an excellent resource for practicing clinicians. We thank the authors immensely for their contributions to this issue.

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